



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Behavioral Health Administration**

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March 6, 2021

Dear Behavioral Health Partners:

We welcome the month of March with anticipation that spring is near, and spring certainly cannot come any sooner for many of us. I hope everyone was able to find some joy in the snowy February, and perhaps enjoyed some snow activities in the brisk outdoors. Though it has been almost a year since the arrival of COVID-19 in Maryland — bringing with it life disruptions, increased anxiety, stress and innumerable other challenges — we yet find ourselves full of hope in anticipation of better days ahead, thanks to the presence of multiple vaccines and therapeutics. While cases of Covid have declined considerably, it remains essential that we be vigilant in our efforts to continue to stop the spread by advocating for continued safe practices of wearing masks, maintaining social distance, good hand-washing and getting a vaccine as soon as it is available to each of us.

The State remains at **Phase 1C of the vaccine distribution plan**. Please stay informed and share vaccination information with your patients and community, which can be found at [CovidLINK.maryland.gov](https://covidlink.maryland.gov). State data and professional resources can continue to be found on [coronavirus.maryland.gov](https://coronavirus.maryland.gov). Programs interested in becoming vaccination sites may register through **Maryland's Immunization Information System (ImmuNet)**. I have attached the ImmuNet Quick Reference Guide which includes 1) Eligibility Screening, 2) Provider Registration/Profile, 3) Instructions on how to order vaccines, and 4) Instructions on reporting administered doses. Please note important reporting requirements to consider: **All vaccinations administered in the State of Maryland are required to be reported to ImmuNet within 24 hours**. Please refer to the [data reporting requirements](#) prior to registering to become a vaccination site to ensure you meet the requirements. Registration of new vaccination sites is managed by the Center For Immunization within the Prevention and Health Promotion Administration. Please email [mdh.mdimmunet@maryland.gov](mailto:mdh.mdimmunet@maryland.gov) or 410-767-6794 for any technical assistance needs related to vaccination site registration.

The MDH COVID webpages also include information on **monoclonal antibody treatment (mAb)**. You can find information for the general public under [FAQs about monoclonal antibody treatment](#) on CovidLINK (which can also be found on the [Newly Diagnosed webpage](#)). [Resources for professionals](#) are updated weekly on [coronavirus.maryland.gov](https://coronavirus.maryland.gov), including [this health care provider flyer](#) with information on referrals, treatment locations, and eligibility information.

## BH Partner Letter

March 6, 2021

It is important that those at high risk of severe COVID-19 illness who are eligible for mAb as detailed in the above frequently asked questions, be aware of this accessible treatment option. Eligibility includes everyone over the age of 65 who test positive and younger groups with other medical conditions. To receive treatment individuals must be within 10 days of first experiencing treatment. Monoclonal antibody treatment results in fewer COVID-19-related hospitalizations or emergency room visits and a decrease in the amount of virus in an infected person's blood in patients at high risk for developing severe COVID-19 symptoms. As of March 2, approximately 204 hospitalizations in Maryland were avoided as a result of this treatment. As the MDH workgroup continues to expand access to monoclonal antibody treatment, the latest information for the public will be made available on [CovidLINK.maryland.gov](https://CovidLINK.maryland.gov) and [Coronavirus - Maryland Department of Health](https://www.maryland.gov/Coronavirus-Maryland-Department-of-Health). We are updating medical providers through Clinician letters, eblasts, and the twice weekly MDPCP provider webinars. Frequently asked questions about monoclonal antibody treatment for COVID-19 are available at [CovidLINK.maryland.gov](https://CovidLINK.maryland.gov).

Over the last month, we were able to provide updated information in the [Wellness and Recovery Support Resources](#) (February 5) and provider survey results and recommendations in the [BH Provider Recommendations Letter](#) (February 2).

Last month, BHA in partnership with the University of Maryland Training Center and the American Society of Addiction Medicine (ASAM) hosted an **ASAM II - Criteria Skill Building Course for Behavioral Health Providers**. An additional training is scheduled on March 24 and March 25. Registration details are forthcoming.

The **BHA/MedChi Behavioral Health Webinar Series: Helping the Helpers and Those They Serve**, and the **Friday Provider Webinars with Public Health** continue to be well received. The BHA/MedChi webinar is at 5pm on the second and fourth Thursdays of the month. CMEs are available at no cost, as are Participant Certificates, which for other disciplines may potentially qualify for CEUs or other continuing education credit. Find information on March webinars, and archived presentations [on our website](#).

**March 11: Self-Compassion and Self-Care as Buffers Against the Stress of the Pandemic**  
Monica Neel, PsyD. Moderator: Hinda Dubin, MD.  
[Register for this webinar.](#)

**March 25: The Stigma for Health Care Workers Seeking Behavioral Health Care**  
Crystal Greene, DNP and Megan Buresh, MD. Moderator: Consuelo Green, CPRS.  
[Register for this webinar.](#)

The [Friday Provider Webinars](#) are at 10 a.m. and continue to be presented by our MDH Public Health partner, **Rebecca Perlmutter**. The February 26 webinar was dedicated to **Vaccine Hesitancy**, which was timely and beneficial in providing us with additional information to help us become better advocates in helping individuals understand the importance of getting vaccinated. You can view this webinar, which we encourage you to share with your colleagues, teams, and family, at <https://bha.health.maryland.gov/Pages/covid-19-webinars.aspx> under Maryland Situation Update for BHA, where you can also register and view past webinars.

BH Partner Letter  
March 6, 2021

**Vaccine hesitancy** continues to be a barrier to protecting ourselves as well as our consumer community. MDH's focus is on working with leaders from community-based groups and faith-based organizations to use trusted voices to instill confidence in this vaccination, especially to protect vulnerable communities. We encourage you to continue to engage consumers of your services in conversations about the vaccine to help increase the likelihood of them accepting a vaccine when it is available to them. Again, you can find the February 26th vaccine hesitancy webinar at [Friday Provider Webinars](#). We would welcome any suggestions you can offer on helping to diminish vaccine hesitancy. As below there will also be on March 30th at 5pm another webinar on vaccine hesitancy. Rebecca Perlmutter will be joined by Dr. David Rose of the Maryland Department of Human Services, who will present on vaccine hesitancy in communities of color, along with Peer Specialists and others talking about their experiences receiving a vaccine.

**March 30: Addressing the Vaccine Hesitancy that You, Your Colleagues, or Those in Your Care May Have.**

Rebecca Perlmutter, MPH and David Rose, MD. Moderator: Steve Whitefield, MD.  
[Register for this webinar.](#)

We are thankful to our partners in the **Inpatient Hospital Surge Planning Workgroup** for collaborating with us to address accessibility of inpatient beds and community services during the Covid pandemic. Through this collaboration, we successfully achieved:

- Increased visibility of best practices for hospitals concerned about infection control
- Improved engagement between local hospitals and local behavioral health authorities
- Increased visibility of hospital COVID-19 burden
- Better awareness of bed capacity for COVID-19 patients with psychiatric disorders who require inpatient treatment

As COVID-19 cases and hospitalizations have recently decreased, and because there are continued efforts around coordination in similar areas that are effectively occurring in other venues and meetings, the workgroup has mutually agreed to end the series of meetings for the foreseeable future. It was great partnering with you!

The newly developed **Crisis System Advisory Workgroup** launched its first stakeholder meeting on February 23. Presenters reviewed the national best practice Crisis Now Model and the principles of a statewide crisis system. Discussions included reviewing our current crisis system and creating a vision for building an innovative Maryland model that meets the needs of all. To learn more about this work, please contact Stephanie Slowly: [stephanie.slowly@maryland.gov](mailto:stephanie.slowly@maryland.gov).

This month's **Multi-Agency Opioid Overdose Deaths Prevention Strategy** meeting included presentations on the entry of Xylazine into Maryland's illicit drug market. Xylazine is a [veterinary tranquilizer, not approved for human use](#), that has been identified [primarily as a contaminant of heroin and fentanyl, but is also sometimes mixed with cocaine](#). We encourage all of our providers, especially those who treat opioid use disorders, to learn about this new substance, and to educate your clients, consumers and patients. We remain encouraged by all of the creative and innovative work of our local authorities. I encourage you to learn more about what your local addiction/behavioral health authority/core service agency is doing, and spread the word.

BH Partner Letter  
March 6, 2021

Did you know that while unintentional opioid related overdose deaths among white people in Maryland decreased by 14% between 2017 and 2019, they increased by 40% over the same period for Black Marylanders? Did you know that in the calendar years 2017 to 2019 Black people experienced a 61% increase in the number of overdose deaths caused by fentanyl while deaths among white individuals remained relatively unchanged? It is to address statistics like this that the Inter-Agency Opioid Coordinating Council's **Racial Disparities in Overdose Task Force** was formed with a mission of promoting more equitable health outcomes by investigating contributing factors and proposing recommended solutions to eliminate racial disparities related to overdose fatalities in the Black community. The first stakeholder's meeting was held on February 24. Future meetings will be open to public comment, and the meeting schedule and other information will be shared in an upcoming communication. Stay tune for more information, particularly if you are interested in joining some of the committees that will be open for you to join.

The **BHA Behavioral Health Equity Workgroup** has continued the work on various initiatives to advance health equity. We recently held our first BHA brown bag lunch for our staff to discuss how we can raise awareness of equity at the administration level. We want to acknowledge the hard work and dedication of the subcommittees of the workgroup. We look forward to announcing our Behavioral Health Equity open house in our April provider letter. If you want to learn more about what we are doing and how you can collaborate, please contact [stephanie.slowly1@maryland.gov](mailto:stephanie.slowly1@maryland.gov).

As the impact of COVID-19 is still being felt. BHA continues its commitment to hear from the provider community. In partnership with MABHA, we are releasing a [provider financial risk survey](#). We are asking that all providers please complete the survey, as we desire to hear the impact the pandemic has had on your ability to provide services to our community. The survey closes March 19th. If you have additional questions around this survey please contact [stephanie.slowly1@maryland.gov](mailto:stephanie.slowly1@maryland.gov).

We continue to work with Optum, the Behavioral Health **Administrative Service Organization (ASO)** to resolve issues for our providers. Implementing automated solutions for issues currently requiring manual processing and providing a more consistent ASO experience remains a priority for MDH and Optum. Provider feedback through working groups such as the Operations Improvement Committee, the Psychiatric Rehabilitation Program workgroup, and hearings like the March 1 budget hearing are key to guiding our efforts. MDH recognizes that reconciliation places a burden on providers to ensure data accuracy, so MDH will be obtaining the services of an independent accounting firm to validate the data and provide recommendations to address reconciliation.

BHA remains committed to facilitating high-quality, cost-effective, and evidence-based services. In collaboration with Medicaid and the ASO, we are providing a more defined and enhanced Medical Necessity criteria and screening for PRPs, and implementing a quality system for management of PRP programs to support quality outcomes. The ongoing efforts of the **PRP Workgroup** will continue to guide the next steps to quality improvement for this service.

I am pleased to announce that Governor Hogan put another **\$20 million as special funds in BHA's budget** — \$5 million for 8-507 providers, and \$15 million identified as community mental health funds, which runs through June 30, 2022. More information will be provided as how these funds will be allocated in the coming weeks. A Q&A session is scheduled with 8507 providers on Tuesday, March 9th to assist with the application process.

## BH Partner Letter

March 6, 2021

The 17th Annual BHA **Child, Adolescent and Young Adult Services (CAYAS) Conference**, themed: *Integrating Clinical Intervention within a Behavioral Health Approach*, will be held on Tuesday, March 9, 9 a.m. - 3:30 p.m. This year, due to COVID-19 safety concerns, our conference will be held virtually through Zoom. The keynote speaker for this year will be H. Richard Milner IV, a Cornelius Vanderbilt Distinguished Professor and Chair of Education and Professor of Education in the Department of Teaching and Learning at Peabody College of Vanderbilt University. His research, teaching and policy interests center around urban education, teacher education, African American literature, and the social context of education. Professor Milner's research examines practices and policies that support teacher effectiveness in urban schools. Continuing education credits will be available to those who attend the conference in its entirety. You can register for this conference [here](#).

CAYAS has developed and procured new adolescent clubhouses scheduled to open within the next few months in Calvert and Harford Counties, as well as three separate sites in the Mid-Shore region. All of these programs are creatively incorporating evidence-based interventions, including peer and family engagement/support resources as well as offering these "at risk" youth and their families a safe and supportive environment in which to learn new skills to prevent an opiate use disorder.

CAYAS has also completed an IA/RFP with the University of Maryland School of Medicine's National Center for School Mental Health, which allows for the continued expansion of training in a variety of SUD screening and early intervention skills, including family engagement programs. These trainings are available to the greater BH community. CAYAS continues to work aggressively with our sister child serving agencies to address the challenges in the hospital overstays population and the need for child crisis stabilization services.

**March is National Gambling Awareness Month (PGAM) and March 9 is National Problem Gambling Screening Day.** PGAM is intended to educate the general public and healthcare professionals about the warning signs of problem gambling and raise awareness about the help and resources available. **We would like to encourage all of our behavioral health programs to participate in this awareness event** by screening all participants in your behavioral health program on **March 9**. The screening questions are as follows:

During the past 12 months:

- a. have you become restless, irritable, or anxious when trying to stop/cut down on gambling?
- b. have you tried to keep your family or friends from knowing how much you gambled?
- c. did you have such financial trouble because of your gambling that you had to get help with living expenses from family, friends or welfare?

A "yes" response to any one of those questions indicates potential for gambling related problems, and the need for additional evaluation. Additional information, assessment, resources, or referral to Peer Recovery support or treatment for an individual or family members/loved ones can be obtained by call, text or chat to the free and confidential helpline **1-800-GAMBLER**, or by visiting the Center of Excellence in Problem Gambling Help seeker website: [helpmygamblingproblem.org](http://helpmygamblingproblem.org). Counseling for gambling problems is free to Maryland residents regardless of insurance coverage, financial status, or ability to pay. No cost treatment and family peer support are also available to family members or loved ones of an individual with a gambling problem as well.

## BH Partner Letter

March 6, 2021

March is also **Brain Injury Awareness Month**. Did you know that BHA is Maryland's lead agency on brain injury? Traumatic Brain Injury is among the leading causes of death and disability in the United States. Additionally, brain injury has been linked to:

- Mental Health Disorders
- Substance Use Disorders
- Overdose
- Attempting/Completing Suicide
- Homelessness
- Intimate Partner Violence

BHA has many online resources available on the [Traumatic Brain Injury \(TBI\)](#) page of the BHA website. Be sure to check out the [Crisis Management and De-Escalation: Tools for law enforcement and first responders to promote positive interactions with individuals with brain injury](#) and the [Opioids and BI Facts for public health and substance use professionals](#) to name a few!

On Thursday, February 25 the BHA hosted the **7th Annual BHA Peer Leadership Conference**. This year's conference was facilitated virtually in partnership with the University of Maryland and was attended by more than 160 peer recovery specialists working in Maryland. The day's presentations included a focus on positive leadership during difficult times, providing support to individuals who are currently using substances, supporting families and individuals who are grieving, and developing personal wellness plans for recovery support professionals. The event provided attendees with CEUs that can be applied towards maintaining the peer's Certified Peer Recovery Specialist credential.

BHA is conducting a **survey about issues impacting the Maryland Peer Recovery Specialist workforce**. The survey includes a variety of topics, such as work environment, credentialing, and career development. The results will be used to develop strategies aimed at enhancing the professional development of Peer Recovery Specialists. BHA has been collaborating with the University of Maryland Baltimore Systems Evaluation Center (SEC) and Training Center to develop and implement the survey. We are inviting everyone who has worked or volunteered as a Peer Recovery Specialist in Maryland within the past five years to participate in the survey. We are asking you to support this important project by sharing this information with your vendors who may have Peer Recovery Specialists who work or volunteer in their organization, and asking your vendors to forward this information to Peer Recovery Specialists in their organization.

Participation in the survey is completely voluntary, anonymous, confidential and is open to anyone who has worked or volunteered as a Peer Recovery Specialist in Maryland within the past five years. The following includes more information about the survey:

- The survey will take approximately 15 minutes (and must be completed in one sitting).
- Anyone who completes the survey will have the opportunity to enter into a drawing to win a professional business portfolio/document organizer (estimated value \$40).
  - Respondents interested in the drawing will be asked to provide their name, email, and telephone number.
  - This information will not be connected to the survey responses.
- The survey cannot be completed more than once; duplicate lottery entries will be eliminated.

BH Partner Letter

March 6, 2021

- Reports from the survey will only include aggregated responses; no individual responses will be identified.

The link to the survey is: [Peer Workforce Survey \(surveymonkey.com\)](https://surveymonkey.com). Please complete the survey by **Friday, April 2.**

Over the past several months, the **Office of Suicide Prevention has been developing jurisdiction-level preliminary suicide death data reports** with data from the Office of the Chief Medical Examiner (OCME). The reports include jurisdiction-level suicide death data, regional data, and state data with various demographic categories and data on suicide means. The Office of Suicide Prevention developed a Technical Assistance packet that will accompany the preliminary suicide death data reports. The TA packet includes information about the limitations of the preliminary data, interpretation of the data, and common misattributions made with small data sets and statistically rare events such as suicide. On February 23, all jurisdictions (Local Behavioral Health Authorities/Core Service Agencies) received the first preliminary suicide death data report for CY2020. The data reports will be released on a quarterly schedule moving forward.

Thank you for the care that you provide for the behavioral health community and for your continued partnership, support, and commitment in remaining attentive and responsive to building community wellness.

Sincerely,



Aliya Jones, M.D., MBA

Deputy Secretary Behavioral Health

Attachment - Quick Reference Guide COVID-19 Vaccine Enrollment & Ordering

Attachment –American Society of Addiction Medicine (ASAM) Virtual Course

ASAM-II Criteria Skill Building Course